COHC Virtual Board Meeting
February 11, 2021

Dial In – See calendar invite for Zoom details to join from a computer
Phones: 1(669) 900-6833, Code: 542240567#

Welcome – Rick Treleaven
12:30 – 12:40 Introductions, Public Comment – Rick Treleaven
12:40 – 12:45 Action Items & Approve Consent Agenda...............vote
12:45 – 12:50 Patient Story – Donna Mills..............................information

Governance
12:50 – 12:55 CCO Financial Board Triggers – Donna Mills.............information
12:55 – 1:20 CCO 2021 Budget – Leslie Neugebauer..................vote
1:20 – 1:35 CCO 2020 Q4 Metrics – Leslie Neugebauer...............information
Attachment: 2020 Q4 metrics report
1:35 – 1:55 Pain Standards Task Force 2020 – Kim Swanson.........information
Attachment: 2020 PSTF Report
1:55 – 2:25 CLAS Standards – Miguel Herrada.........................information
Attachment: .ppt

Long-Term Systemic Change
2:25 – 2:35 CUSC – Rick Treleaven & Divya Sharma...............discussion

RHA/RHIP
Quarterly Cadence next report out 4.8.2021

Consent Agenda
- January 2020 Board Minutes
- December 2020 Financials (pre-audit)
- Engage Mathew Hamlin CPA for 2020 Financial Audit

Written Reports
- Executive Director Update
- Strategic Plan Report
- CCO Directors Report
- CCO Dashboard (no report-new cadence)
- January 2021 CAC Minutes
- COVID Mini Grant Report
- RHIP Quarterly Funding Report
MINUTES OF A MEETING OF

THE BOARD OF DIRECTORS OF

CENTRAL OREGON HEALTH COUNCIL

HELD VIRTUALLY VIA ZOOM

January 14, 2021

A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held at 12:30 p.m. Pacific Standard Time on January 14, 2021, online via Zoom. Notice of the meeting had been sent to all members of the Board in accordance with the Corporation’s bylaws.

Directors Present: Rick Treleaven, Chair
Linda Johnson, Vice Chair
Patti Adair
Gary Allen, DMD
Eric Alexander
Paul Andrews, Ed.D
Megan Haase, FNP
Brad Porterfield
Divya Sharma, MD
Kelly Simmelink
Justin Sivill
Iman Simmons
Mr. Treleaven served as Chair of the meeting and Ms. Seymour served as Secretary of the meeting. Mr. Treleaven called the meeting to order and announced that a quorum of directors was present and the meeting, having been duly convened in accordance with the Corporation’s bylaws, was ready to proceed with business.

**WELCOME**

Mr. Treleaven welcomed all attendees to the meeting; introductions were made.

**PUBLIC COMMENT**

Mr. Treleaven welcomed public comment.

**CONSENT AGENDA**
The consent agenda included the December minutes, the COHC November Financials, and the ratification of the Executive Director compensation.

MOTION TO APPROVE: Mr. Alexander motioned to approve the consent agenda; Dr. Allen seconded. The motion was approved unanimously.

**PATIENT STORY**
Dr. Allen shared the nonprofit A Smile for Kids (ASK) which helps children with severe malocclusions has developed a relationship with Shriner’s in Chicago to get no-cost care for a child with a rare genetic disorder causing craniofacial structures.

**2020 JMA SETTLEMENT**
Mr. Stevens shared the Joint Management Agreement (JMA) entitles PacificSource to a 2% margin every fiscal year. He explained that for the 2020 fiscal year, PacificSource did not achieve a 2% margin, and the JMA specifies the COHC is responsible for covering the difference. He announced that due to the pandemic year PacificSource is waiving their right to collecting the balance owed by the COHC.

Ms. Haase thanked PacificSource on behalf of the Finance Committee, and asked how PacificSource’s generosity will be acknowledged. Ms. Mills stated that PacificSource has declined a celebratory press release, so a letter of gratitude will be issued to Mr. Ken Provencher.

Mr. Sivill inquired how there could have been a high spend during a low utilization year. Mr. Treleaven and Ms. Haase noted that incentive withholds and provider stability payments in addition to the capitated contract contributed to the spend.

**BYLAWS**
Ms. Johnson shared the drafted bylaws for the Board’s approval. She announced the Governance Committee has drafted their workplan for the coming year including board self-evaluations and education at the annual retreat.

MOTION TO APPROVE: Dr. Sharma motioned to approve the bylaws as presented by the Governance Committee; Dr. Allen seconded. All were in favor, the motion passed unanimously.

**CCO METRICS**
Ms. Neugebauer shared the proposed performance metrics for 2021, noting that a metric has been added on demographic analysis of the general population. Mr. Sivill indicated he has not in favor of the metrics, and when asked to elaborate, he explained the metrics support the contract which he believes does not ultimately support value-based payment or a reduction in spend.

MOTION TO ENDORSE: Ms. Johnson motioned to endorse the CCO Metrics for 2021; Dr. Allen seconded. Mr. Stevens abstained, Mr. Sivill voted nay, all others voted in favor.

**CCO 2.0 WORKFORCE DEVELOPMENT**
Ms. Horton Dunbar presented the provider assessment conducted for the state of Oregon. She asked the Board who else she should connect with on local workforce development issues. Mr. Porterfield suggested Grethen speak with a recruiting agency focused on equity; Ms. Horton-Dunbar asked to learn more about this offline. Ms. Mills offered for the sake of time to be a conduit between the Board and Ms. Horton Dunbar.

ACTION: Mr. Porterfield and Ms. Horton-Dunbar will discuss workforce development resources offline.

ACTION: Ms. Mills will communicate Board member responses to Ms. Horton Dunbar offline.

**COST AND UTILIZATION STEERING COMMITTEE (C USC)**
Dr. Sharma shared there is a discussion underway at the Finance Committee about the CUSC’s role, and conversations have been temporarily relocated to the CCO’s contracting meetings.

**UPDATE ON RHIP WORKGROUPS**
Ms. Jones shared the workgroups each have $2M to spend by the end of 2024. Ms. Arsenault shared the timeline of the previous year’s efforts by the workgroups. Ms. Wirth shared that in 2024 the workgroups will transition from implementation to evaluation and preparing for the next RHIP.

Mr. Porterfield asked why so few funds have been dispensed. Ms. Jones explained that after delays in 2020 due to the pandemic, planning on how to best dispense the funds and collecting the right partners in the effort took the whole year. Mr. Stevens asked what the timeline is for getting RHIP funds dispensed. Ms. Mills shared that the COHC is intentionally dispensing all funds awarded to them each year through the JMA by March 31 of the following year, and that these figures are on track for 2020.
Ms. Johnson asked if outreach is taking place toward non-traditional partners. Ms. Jones shared these efforts were underway prior to the pandemic, and will resume in 2021.

**ADJOURNMENT**

There being no further business to come before the Board, the meeting was adjourned at 2:45 pm Pacific Standard Time.

Respectfully submitted,

_________________________

Kelsey Seymour, Secretary
## ASSETS

<table>
<thead>
<tr>
<th>General Fund</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Checking/Savings</td>
<td>$26,758,381</td>
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<tr>
<td>Accounts Receivable</td>
<td>$930,327</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>$1,997</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$27,690,705</strong></td>
</tr>
<tr>
<td>Office Furniture &amp; Equipment</td>
<td>$-</td>
</tr>
<tr>
<td>Accumulated Depreciation</td>
<td>$-</td>
</tr>
<tr>
<td>Accrued revenue</td>
<td>$-</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$27,690,705</strong></td>
</tr>
</tbody>
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## LIABILITIES & EQUITY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$1,870</td>
</tr>
<tr>
<td>Payroll Payable (PTO Accrual)</td>
<td>$23,980</td>
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<tr>
<td><strong>Total</strong></td>
<td>$25,850</td>
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<tr>
<td>RHIP 2020-2024 Payable</td>
<td>$11,715,657</td>
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<tr>
<td>Grants Payable</td>
<td>$1,315,034</td>
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<tr>
<td>2019 JMA Settlement</td>
<td>$8,335,480</td>
</tr>
<tr>
<td>2020 QIM Withhold Payable</td>
<td>$454,725</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td>$21,820,896</td>
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<tr>
<td>Net assets without donor restrictions</td>
<td>$4,558,007</td>
</tr>
<tr>
<td>Net assets with donor restrictions (OABHI)</td>
<td>$165,433</td>
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<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td><strong>$27,690,705</strong></td>
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</table>

## Revenue & Expenses

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
<th>Normalized</th>
<th>Removing QIM/Shared Savings and SDOH-E</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td>$1,081,494</td>
<td>$850,000</td>
<td>27%</td>
<td>$1,081,494</td>
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<tr>
<td>2020 QIM Withhold Revenue</td>
<td>$733,814</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td></td>
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<tr>
<td>Community Impact Funds</td>
<td>$3,004,574</td>
<td>$2,500,000</td>
<td>20%</td>
<td>$3,004,574</td>
<td></td>
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<tr>
<td>Grants</td>
<td>$279,197</td>
<td>$295,000</td>
<td>-5%</td>
<td>$279,197</td>
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<tr>
<td>2019 Shared Savings</td>
<td>$8,335,481</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Interest Income</td>
<td>$181,654</td>
<td>$150,000</td>
<td>21%</td>
<td>$181,654</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>$13,616,214</td>
<td>$3,795,000</td>
<td>259%</td>
<td>$4,546,919</td>
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</tr>
<tr>
<td><strong>Operating Expense</strong></td>
<td>$1,826,746</td>
<td>$1,453,984</td>
<td>-26%</td>
<td>$1,826,746</td>
<td></td>
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<tr>
<td>2019 JMA Settlement</td>
<td>$8,335,481</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>$2,333,470</td>
<td>$2,500,000</td>
<td>7%</td>
<td>$2,333,470</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>$12,495,697</td>
<td>$3,953,984</td>
<td>-216%</td>
<td>$4,160,216</td>
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<tr>
<td><strong>Net Income</strong></td>
<td>$1,120,517</td>
<td>$(158,984)</td>
<td>405%</td>
<td>$386,703</td>
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</tr>
</tbody>
</table>

* Community Impact Funds - Top 4 funded 2020
  - United Way - TRACES Phase II | $700,000
  - DCHS - Crisis Stabilization Center | $581,431
  - SCHS - Unite Us | $255,554
  - Rimrock Trails | $141,915
  - COVID-19 Mini Grants (NTE $5k) | $509,948
  - All other | $144,622
  **Total** | $2,333,470

**Variance is due to timing of Community Impact Funds revenue and distribution of funds through Grants in different years.**

## CCO Financials

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>P &amp; L Board trigger</td>
<td>Yes or No</td>
</tr>
<tr>
<td>Recapture Board trigger</td>
<td>Yes or No</td>
</tr>
<tr>
<td></td>
<td>December Financials not ready</td>
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</table>
February 3, 2021

To the Board of Directors and Management
Central Oregon Health Council
Bend, Oregon

This engagement letter confirms my acceptance and understanding of the terms and objectives of our engagement and the nature and limitations of the services to be provided to Central Oregon Health Council (COHC, Organization) by Hamlin CPA, LLC.

**Scope and Objective of the Audit**

COHC has requested that I audit the financial statements of the Organization, which comprise the statement of financial position as of December 31, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended and the related notes to the financial statements.

The objective of my audit is the expression of an opinion about whether the Organization’s financial statements are fairly presented, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

**Responsibilities of the Auditor**

I will conduct the audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by the Organization’s management, as well as evaluating the overall presentation of the financial statements.

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, my audit will involve judgment about the number of transactions to be examined and the areas to be tested. My audit procedures may include tests of documentary evidence supporting the transactions recorded in the accounts, test of the physical existence of inventories, and direct confirmation of certain assets and liabilities by correspondence with selected customers, creditors, and financial institutions. I may also request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry.

An audit includes obtaining an understanding of the entity and its environment, including its internal control sufficient to assess the risks of material misstatement of the financial statements whether due to error or fraud and to design the nature, timing and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. However, I am responsible for communicating to you and those charged with governance internal control related matters that are required to be communicated under Statements on Auditing Standards.
Mathew Hamlin is responsible for your engagement and the signing of the report. Audit procedures are expected to begin in April 2021 and the report is planned to be issued no later than June 30, 2021.

**Other Services**

I will assist in preparing the financial statements and related notes of COHC in conformity with U.S. generally accepted accounting principles based on information provided by COHC. This nonaudit service does not constitute an audit under GAAS and such services will not be conducted in accordance with GAAS.

Professional standards require that I remain independent with respect to my audit clients, including those situations when I also provide nonattest services, such as the service identified above. As a result, you accept the responsibilities set forth below related to my performance of the nonattest service as a part of this engagement:

- Assume all management responsibilities.
- Oversee the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, and/or experience.
- Evaluate the adequacy and results of the services performed.
- Accept responsibility for the results of the services.

It is my understanding that Donna Mills, Executive Director, who understands the services to be performed sufficiently to satisfy management’s responsibilities for oversight related to the nonattest service, has been designated by the Organization to oversee the nonattest service. If any issues or concerns in this area arise during the course of my engagement, I will discuss them with management prior to continuing with the engagement.

**Limitations of the Audit**

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements may not be detected exists, even though the audit is properly planned and performed in accordance with GAAS.

In making my risk assessments, I consider internal control relevant to the Organization’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Organization’s internal control. However, I will communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that I have identified during the audit.

My audit cannot be relied upon to disclose all errors, fraud or noncompliance with laws and regulations that may exist. However, I will inform the Organization of any material errors, fraud or noncompliance with laws and regulations that come to my attention, unless they are clearly inconsequential.

**Management’s Responsibilities**

My audit will be conducted on the basis that the Organization’s management and those charged with governance acknowledge and understand that they have the following responsibilities:

a. The preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America;
b. The design, implementation and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error;

c. The establishment and maintenance of adequate records and effective internal controls over financial reporting, the selection and application of accounting principles and the safeguarding of assets; and

d. To provide me with:

   i. Access to all information of which management is aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation and other matters;

   ii. Additional information that I may request from management for the purpose of the audit;

   iii. Unrestricted access to persons within the Organization from whom I determine it necessary to obtain audit evidence; and

   iv. Information that significantly affects any material transactions, and that information will be accurate to the best of your knowledge and belief.

As part of my audit process, I will request from management and those charged with governance written confirmation concerning representations made to me in connection with the audit. Management’s and those charged with governance failure to provide representations to my satisfaction will preclude me from issuing my audit report.

**Distribution of the Auditor’s Report**

My report on the financial statements must be associated only with the financial statements that were the subject of my audit engagement. You may make copies of my report but only if the entire financial statements are reproduced and distributed with my report. You may not use my report with any other financial statements that are not the subject of this audit engagement.

I will provide copies of the reports to COHC. However, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of the reports are to be made available for public inspection.

**Release of Documents**

As a result of my audit engagement, I may be required or requested to provide information or documents to you or a third party in connection with governmental regulations or a legal proceeding. If it is ultimately determined that I must comply with such requirements or requests, my efforts in complying with such requests or demands may be deemed a separate engagement.

**Termination**

This agreement may be terminated by either party upon written notice. In the event of termination: (a) COHC shall pay me for services rendered and expenses incurred through the effective date of termination, (b) neither party shall be liable to the other for any damages that occur as a result of my ceasing to render services, and (c) I will require any new accounting firm that you may retain to execute access letters satisfactory to me prior to reviewing my files.
Reporting

I will issue a written report upon the completion of my audit of the Organization’s financial statements. My report will be addressed to the those charged with governance of the Organization. I cannot provide assurance that an unmodified opinion will be expressed. Circumstances may arise in which it is necessary for me to modify my opinion, add an emphasis-of-matter or other-matter paragraph(s), or withdraw from the audit engagement. If my opinion is modified, then I will discuss the reasons with you in advance.

Engagement Fee

The fee for these services is estimated to be $13,050. This fee is inclusive of reasonably expected out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.). This fee estimate is based on anticipated cooperation from, and availability of, your personnel, the expectation that the Organization’s records will be in good condition, and the assumption that unexpected circumstances will not be encountered during the audit. If I believe that significant additional time is likely to be necessary in order to complete my audit procedures, I will discuss it with you and arrive at a new fee estimate before I incur significant additional fees or costs.

Upon signature of this engagement letter I respectfully request a deposit of $1,000. The deposit will reserve the hours necessary to perform the Organization’s engagement consistent with the proposed delivery timeline. The deposit is applied to the final billing. Subsequent invoices will be rendered each month as work progresses and are payable on receipt. In accordance with practice policies, work may be suspended if your account becomes 30 days or more overdue and may not be resumed until your account is paid in full.

If I elect to terminate services for nonpayment, the engagement will be deemed to have been completed upon written notification of termination, even if I have not completed the report(s). You will be obligated to compensate me for all time expended through the date of termination.

I appreciate the opportunity to work with the COHC team and believe this letter accurately summarizes the significant terms of this engagement. If you have any questions, please let me know. If you agree with the terms of this engagement as described in this letter, please sign the enclosed copy and return it to me.

With sincere gratitude,

Mathew Hamlin, CPA
Hamlin CPA, LLC

This letter correctly states the understanding of COHC.
## Quality & Member Experience

1. Quality Incentive Measures (QIMs)
   - **Metric:** Achieve at least 100% withhold return on QIM measures (earned in 2020, paid in 2021)
   - **Performance:** As expected, the pandemic impacted the 2020 QIM Program. Though, even with the Governor’s closure from March-May, provider partners did a great job on metric performance. The care our postpartum women are receiving is at an all-time high. There are minor changes in the 2021 with the exception of the Preventative Dental metric which will now enable services to be performed in a primary care office. CCOs are aligning CCO contract language with a new QIM targeted at members with a Limited English Proficiency which has already garnered collaborative conversations with community stakeholders.

2. OHA Performance Improvement Plans (PIPs)
   - **Metric:** All projects meet OHA deliverables
   - **Performance:** The Effective Contraception Use PIP was sunset in Q3 2020 with systematic interventions in place. A new Focus Study PIP was implemented assessing HPV vaccination rates in youth ages 9-14. The dental care during pregnancy PIP was sunset in Q3 2020 to expand on the topic and set a new baseline. The new PIP focus remains on increasing oral health visits in pregnant members and includes smoking cessation in pregnant members and increased oral health care and education for children ages 1-5. Minor revisions were made to the measures in the SDOH PIP and we are on target to meet those by year end. We recently submitted the Q4 PIP progress reports to OHA. The OHA sunset the statewide PIP on Acute Opioid Prescribing in Q3 2020 and we are awaiting the roll out of a new statewide PIP.

3. OHA Transformation and Quality Strategy (TQS) Plan
   - **Metric:** All 2020 projects meet OHA deliverables
   - **Performance:** All deliverables to OHA were met in 2020. PacificSource TQS projects received a total score of 31.5 out of 42 points possible, which is greater than the average of all Oregon CCO’s combined (29.01). OHA released the 2021 components, which will remain the same as 2020, except for dividing PCPCH into two separate targets – Tier Advancement and Member Enrollment. PacificSource plans to carry over all projects from 2020 into 2021, with the exception of Project 6: SDOH-E Screening, Referral, and Navigation, which will pivot to focus on Connect Oregon (Unite Us).

## Financial Stability

1. Maintain a stable CCO financial position and achieve cost of care targets
   - **Metric:** ED utilization for individuals experiencing mental illness (2020 target: <95.5%)
   - **Performance:** 78%
   - **Metric:** ED utilization rate/1000 (2019 target: <43.6)
   - **Performance:** 37.4
   - **Metric:** 30 day all cause readmission rate (2019 target: <11.9%)
   - **Performance:** 10.4
   - **Metric:** Meeting or beating the CCO budget (reporting on a quarterly basis)
   - **Performance:** Budgeted membership for November was 48,891. Actual membership was 60,000. For the eleven months ending November 30, 2020, we budgeted 1.75% for net income. Actual net income as a percentage of premiums was 1.56%. [Note: December financials were not available at the time of this report.]
<table>
<thead>
<tr>
<th><strong>CCO 2.0 Requirements</strong></th>
<th><strong>CCO Operations</strong></th>
</tr>
</thead>
</table>
| 1. Develop and implement new/expanded VBPs (value based payments) in behavioral health, hospital, and maternity services  
**Metric**: In 2020, evaluate and agree to implement VBPs in behavioral health/hospital (SageView) and maternity to implement by January 1, 2021.  
**Performance**: VBP specific to Sage View is part of the 2020 and 2021 contracts. VBP implementation requirements have been delayed for one year due to COVID-19. | 1. CCO call center performance  
**Metric**: 80% of calls answered within 30 seconds  
**Performance**: The average call service level for Q3 was 81.86%. The average answer speed was 24 seconds and the average abandon rate was 3.8%. |
| 2. CCO VBP roadmap and existing arrangements  
**Metric**: Monitor regional progress towards 70% of payments in a VBP arrangement (70% is the benchmark for 2024)  
**Performance**: We are on track with the targets submitted in the CCO 2.0 RFA submission. PCS will continue to work with providers to meet the annual percentage goal of value-based contracting with each negotiation cycle over the 5-year period. | 2. CCO timely and accurate claims payment  
**Metric**: 99% of claims paid within 30 days of receipt  
**Performance**: The average for the quarter of claims paid within 30 days of receipt was 99.3%. |
| 3. Traditional Health Worker (THW) planning  
**Metric**: In 2020, develop and implement various payment methodologies to support THW workforce and utilization  
**Performance**: PacificSource submitted the THW Payment Grid and THW Implementation and Utilization Plan to the OHA. THW Liaisons are educating providers and greater community on billing options as one of many strategies we are implementing to increase uptake of and access to THWs. There are new programmatic support payments for community-based Peers and other THW types, where billing for services is not possible based on OARs. This will be included in updated THW Payment Grid. We have set measurable goals to meet 2021 THW requirements including providing technical assistance, integration of THW best practices education, and foundational trainings for all THW types, among other strategies. | 3. Performance against OHA compliance standards  
**Metric**: Pass External Quality Review audit with OHA  
**Performance**: The Health Services Advisory Group (HSAG) recently completed their 2020 Compliance Monitoring Review with our CCO. They reviewed the following areas: coordination and continuity of care, coverage and authorization of services, member rights and protections, grievance and appeal systems, and member information. We received the final reports recently and achieved an overall score of 92%. We received a total of 10 findings requiring corrective action. The findings included missing some language from the member handbook and appeal notice templates, mobile crisis reporting did not include sufficient detail, and some missing language from a Subcontractor oversight policy. We will be developing improvement plans for each finding to ensure all issues are corrected. |
| 4. Standing up 2.0 funding streams  
**Metric**: Ensure all 2.0 funding streams (Quality Pool, Health-Related Services-Community Benefit Initiative (CBI), Social Determinants of Health and Equity (SDOH-E), and Supporting Health for All Through Reinvestment (SHARE)) meet OHA requirements and have timely documented processes in place  
**Performance**: All Quality Pool funds from the suspended withhold have been paid out to providers. The CAC has allocated all CBI and SDOH-E funds for 2020. The SHARE funds process will be determined by Q2 2021. | |
2020 Year Review
Pain Standards Task Force

Acknowledgements
COHC
PSTF
PSCS
MaCayla Arsenault
Erin Solomon
COVID – 19 and Overdose Deaths

Pandemic blamed for Oregon’s 40% increase in drug overdose deaths

- 63% spike in overdose deaths in second quarter of 2020
  - Peak in May
  - Return to average rate for next few months
  - Concerning increases in overdose deaths by November
- Most deaths involve opioids but contributors include methamphetamines and synthetic fentanyl

7 Point Strategy

<table>
<thead>
<tr>
<th>Adoption &amp; Implementation of Safe Prescribing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Measurement Based Practice</td>
</tr>
<tr>
<td>Access to Comprehensive Pain Management</td>
</tr>
<tr>
<td>Harm Reduction</td>
</tr>
<tr>
<td>Increase Access to Treatment</td>
</tr>
<tr>
<td>Public Awareness</td>
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</table>
2020 BUDGET: $60,000

SPENDING AS OF NOVEMBER 2020: $47,303

Adoption & Implementation of Safe Prescribing

- Continued Education from the Adoption of Oregon’s Acute Opioid Prescribing Guidelines – PSTF
- Adoption of The Oregon Health Authority’s Oregon Opioid Tapering Guidelines – PSTF
Education

Acute Opioid Prescribing Guidelines Continued:

- January 30, 2020 – Primary Care Provider Event at Worthy Brewing in Bend
- Speaker – David Hasleton, MD, MBA from Intermountain Healthcare, Salt Lake City, Utah
- 41 Attendees
- St. Charles Medical Center utilized this speaker for Grand Rounds on Friday, January 31, 2020

Survey Results from PCP Event (Partial)
Education

Acute Opioid Prescribing Guidelines Continued:

- October 15, 2020 – Emergency Department/Immediate Care, Virtual Format
  
  Speaker – Stephen Leffler, MD from University of Vermont Medical Center, Burlington, Vermont
  
  35 Attendees Registered
  
  St. Charles Medical Center utilized Dr. Leffler for Grand Rounds on Friday, October 16, 2020

- November 12, 2020 – OB/Gyn & Women’s Health, Virtual Format with Breakout Sessions
  
  Speaker – Alex Friedman Peahl, MD, M.Sc from University of Michigan, Ann Arbor, Michigan
  
  17 Attendees Registered
Education

Acute Opioid Prescribing Guidelines
Continued:

- December 17, 2020 – Compassionate Conversations
- Virtual Format with Breakout Sessions
- Speakers –
  - Laura Heesacker, MSW, LCSW from Center for Health & Wellbeing, Behavioral Health Consultant in Ashland, Oregon
  - Michelle Marikos, Certified Peer Support Specialist from Jackson County Health & Human Services in Medford, Oregon
- 74 Attendees Registered
- St. Charles Medical Center utilized both Laura & Michelle for Grand Rounds on Friday, December 18, 2020

Survey Results Compiled from Virtual Events (Partial)

Objectives:

- Understand what makes these conversations difficult on providers/teams as well as patients/families
- Learn the role of anxiety for both providers/teams as well as patients/families
- Learn the Five Foundational Components of Difficult Conversations for providers/teams AND for patients/families

Virtual Acute Pain Events 2020

- Emergency & Urgent Care Event: Dr. Stephen Leffler – October 15, 2020
- Women’s Health/ OB/Gyn Event: Dr. Alex Friedman – November 12, 2020
- Compassionate Conversations Event: Laura Heesacker & Michelle Marikos – December 17, 2020

Survey Results Compiled from Virtual Events (Partial)
• Chronic Pain Dashboard still active

• Acute Pain Dashboard under development between Oregon Health Authority, PacificSource and PSTF. New measurements include:
  1. Distribution of individuals by Total MME and Average Days Supply for Acute Pain
  2. Average Refills for 1st Acute Pain Prescription Fill for Opioid Naive
  3. Average Opioid Morphine Equivalent Dose (MED) for Acute Pain
  4. Average Opioid Morphine Equivalent Dose (MED) for Chronic Pain
  5. Rate of Chronic Opioid Prescription Fills per 1,000 Residents
  6. Rate of Acute Opioid Prescription Fills per 1,000 Residents
  7. Overlapping Opioid/Z-Drug Individuals per 1,000

Risky Prescribing by Central Oregon County
Opioid (Non-Tramadol) Prescribing by Central Oregon County

Stimulant Prescribing by Central Oregon County
Access to Comprehensive Pain Management

Central Oregon Pain School:
- Pain Standards Task Force is overseeing the project approved by the 2016-2019 RHIP Substance Use Disorder & Chronic Pain Workgroup

Harm Reduction

Naloxone Community Grant Activity
- 2019-2020 Naloxone Community Grantees submitted their data
- Total doses deployed = 48
- All Narcan administered by formally trained law enforcement

WHAT IS NALOXONE?
Naloxone is a medication designed to rapidly reverse opioid overdose. Available in three FDA-approved formulations: injectable, aerosol-inhalable, and prepackaged nasal spray.
2/3/21

Harm Reduction
Naloxone Community Grant Activity

- 2020-2021 Naloxone Community Grant Proposal Applications distributed to community partners
- Eleven community partners applied for the Naloxone Grant
- Central Oregon Health Council provided extra funding to accommodate the need in the community
- Total cost of Narcan for 2020-2021: $29,700.00
- Total Narcan units distributed between Deschutes, Crook, and Jefferson Counties: 396

Harm Reduction
Central Oregon Overdose Crisis Response Task Force

- From January through October COHC and PSTF remained the primary administrators of the Overdose Crisis Response Task Force

January 23, 2020 Meeting:
- Discussion: Understanding Surveillance Tools Currently Available

March 5, 2020 Meeting:
- Discussion: Chris Gibson (HIDTA) presented ODMAP, Tabletop activity completed by stakeholder group - Goal: Understand current available data (inputs), communication processes, and agency needs to create an active & centralized overdose surveillance system
May 7, 2020 Meeting: Cancelled due to COVID-19

- A survey was distributed to stakeholder during this break to better understand available resources and current barriers within each sector.
- OCR Implementation Strategies were prioritized

June 4, 2020 Meeting:
Discussion: Survey results shared, Tabletop Exercise #2 conducted and explored if an overdose spike occurred prior to a plan in place. Smaller subgroup identified to determine Overdose Baseline & Thresholds

August 6, 2020 Meeting: Overdose Baseline & Threshold Subgroup

- Sectors in attendance: EMS/Fire, Law Enforcement, Hospital, and Public Health
- Discussion: Determine overdose rates and acuity for each green, yellow, and red response levels. Common language for definitions was prioritized as a need.

September 10, 2020 Subgroup Check-in:
- Discussion: Finalize definitions for common language and metrics to determine green, yellow, and red overdose levels.
Harm Reduction
Central Oregon Overdose Crisis Response Task Force
- October 1, 2020 Meeting: Full Task Force
  - Discussion: Overview of the definitions and metrics with the larger group. Developing communication structures to prepare for sharing information and data

Definitions
- Pockets: A specific geographic region with number of ODs focused in within a 24-hour period
- Acuity: Total number of doses/amount of naloxone/Narcan administered per overdose to revival or death (time frame)
- New Drugs: Introduction of new drugs into the community
- Overdose Surge: A sudden arrival of patients that can overwhelm staff and resources. This is determined by the number of patient and the acuity or complexity of their condition. Each facility will have a general guide of a number of patients and acuity levels that would define a surge.
- Overdose Cluster: The identification of a pattern of overdoses with an unusual or abnormal presentation. Presentations may include but are not limited to:
  - Multiple acquaintances overdosing at one time or suspicion of group of overdoses occurring from a single batch of drugs
  - Increase in cases with novel presentation i.e. need to use high levels of naloxone/Narcan
  - Increase in cases with novel risk factors i.e. marijuana use only, primarily non-opioid drug use, e.g. crack cocaine

Increase Access to Treatment
- Substance Use Counselors in the Bend Emergency Department was funded for two years

Public Awareness
- Central Oregon Pain Guide Website Updated
  - Working with PSTF member experts, Kelsey Seymour is currently reconstructing the website for an updated image. Local resources, including presentations, links to state and national experts, as well as tracking traffic to the site are included.
Pursuit of Enduring CME

- Oregon State University's Pharmacy website
- PSTF educational series accessed across the country at the provider’s leisure
- Continued partnership with St. Charles for AMA PRA Category 1 credits

Q&A
CLAS Standards
Culturally and linguistically appropriate services.

Using the Culturally and Linguistically Appropriate Services (CLAS) Standards

Establish shared accountability between PCS and its Health Council to promote CLAS and Health Equity Plan goals

How are we already using CLAS?
• Health Equity Advisory Council
• The new value focusing on Diversity Equity and Inclusion (DEI)
• The Anti-Racism Plan
• Dedicated positions to advance DEI
• Others
The National CLAS Standards

A tool to advance health equity, improve quality, and help eliminate health care disparities.

**Standard 1** Commit to high quality care and services by supporting diverse cultural beliefs and communication needs.

**Standards 2-4** Governance, Leadership and Workforce.

**Standards 5-8** Communication and Language Assistance.

**Standards 9-15** Engagement, Continuous Improvement, and Accountability.

Source: [www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov)

The National CLAS Standards

**Standards 2-4** Governance, Leadership and Workforce.

2- Have a diverse governance, leadership and staff that promotes CLAS with their policies, practices, and resources.

3- Recruit and support leaders and staff that are responsive to the diverse communities they serve.

4- Maintain ongoing training for leaders and staff on CLAS.
The National CLAS Standards

**Standards 5-8** Communication and Language Assistance.

5- Offer free language support.
6- Tell those you serve that language help is available.
7- Make sure staff have skills in providing language support and avoid using untrained interpreters.
8- Provide easy-to-understand materials for those that you serve in the language and format they use.

The National CLAS Standards

**Standards 9-15** Engagement, Continuous Improvement, and Accountability.

9- Form cultural and linguistic goals in your work that address the needs of those you serve.
10- Assess progress of the goals you have set.
11- Collect accurate data about the people you serve, and use it to help measure progress on your goals.
The National CLAS Standards

Standards 9-15 Engagement, Continuous Improvement, and Accountability continued.

12- Find out about and understand community needs and develop actions to solve them.

13- Share power with the people that you serve to help you serve them.

14- Work to make sure that community members know how to share their concerns.

15- Share progress and challenges towards goals with the community.

Example: Category Governance, Leadership and Workforce

Standard #3: Recruit and support leaders and staff that are responsive to the diverse communities they serve.

Vision: Ensure that the region has resources that support the development of workforce diversity.

Action: Example Resource Investment: Funding community-driven workforce diversity pipeline initiatives
Practice/Discussion

• **How can CLAS be used to advance health equity?**
  Choose one category and discuss how the CAC could support system change.
  • **Goal:**
  • **Action:**

  **Do we need/have a policy to achieve this?** Rules, regulations, and priorities that guide your work and others’ actions
  **Do we have the right practices?** Activities, procedures, guidelines, or informal shared habits that guide your work.
  **How do Resources Flow?** Money, people, knowledge, information or infrastructure are allocated and distributed.
Central Oregon Health Council
Executive Director’s Update
February 11, 2021

- Facilitate PEP meeting
- Facilitate Finance meeting
- Multiple stakeholder/community meetings
- Steering committee for TRACES work (United Way)
- EL Hub as ex-officio member
- El Hub Investment Steering Committee
- Central Oregon Suicide Prevention Alliance Leadership
- COHIE Board Member – HIE
- Fiscal agent and Project Mgr for Social Services Steering UNITE US (CIE)
- System of Care Executive Team member
- Grant software management
- Managing OABHI contract (terminating 6.30.2021)
- CCO 2.0 alignment and support and training
- Board Governance Committee support
- Cost & Utilization Steering committee
- Maintain office closure and provide for minimal disruption to staff, committees, workgroups and community
- Manage Strategic Plan
- Secured co-sponsors for SB648 to amend sunset date of 1.2022
- Phase II of Unite Us CIE pilot
- Salary study
- Start 2020 financial audit process

Coming up:
- Professional development
- ED Succession plan
# Strategic Plan Report Card

## Year One Accomplishments

### Creating aligned partnerships for innovation between payers, delivery systems, and patients

- **Research Alternative Payment Methodology (APM) promising practices and models.** Discuss pros and cons of each at Operations Council, the Provider Engagement Panel (PEP), Finance Committee, and Cost and Utilization Steering Committee (CUSC).

<table>
<thead>
<tr>
<th>Success Looks Like:</th>
<th>APMs align with contract deliverables</th>
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</thead>
</table>

4. **Pursue exploratory discussions with PacificSource Health Plans that shed light on the shared benefits/advantages and possible barriers of expanding community governance to additional revenue streams, such as Medicare and commercial lines.**

<table>
<thead>
<tr>
<th>Success Looks Like:</th>
<th>Additional revenue stream</th>
</tr>
</thead>
</table>

5. **The COHC staff conducts grant research.**

### Collaborate with two community provider organizations to launch a pilot Community Information Exchange (CIE).**

<table>
<thead>
<tr>
<th>Success Looks Like:</th>
<th>Providers adopt Community Information Exchange (CIE)</th>
</tr>
</thead>
</table>

### Demonstrating effective governance

- **COHC staff gather and share tools/strategies to explore opportunities for workgroups to implement/fund multi-sector projects.**

<table>
<thead>
<tr>
<th>Success Looks Like:</th>
<th>Funded projects reflect multi-sector partnerships</th>
</tr>
</thead>
</table>

- **Create, finalize, and vote on the purpose (ends) statement, to guide our work alongside the approved COHC mission and vision.**

<table>
<thead>
<tr>
<th>Success Looks Like:</th>
<th>COHC strategic plan and RHIP priorities are formally prioritized within Board members’ organizations</th>
</tr>
</thead>
</table>

- **Develop simple and concise multi-level external communications plan for board member and partner use.**

<table>
<thead>
<tr>
<th>Success Looks Like:</th>
<th>Annual board self-evaluations</th>
</tr>
</thead>
</table>

- **Develop a process and tools for annual COHC self-evaluation**

<table>
<thead>
<tr>
<th>Success Looks Like:</th>
<th>CUSC enacts strategies to address key cost drivers that are adopted by the Board</th>
</tr>
</thead>
</table>

- **The COHC Board can name the key cost drivers in the CCO.**

<table>
<thead>
<tr>
<th>Not started</th>
<th>Obstacles</th>
<th>On Schedule</th>
<th>Initial Successes</th>
<th>Complete</th>
</tr>
</thead>
</table>

**published 10.1.2020**
<table>
<thead>
<tr>
<th>Year One Accomplishments</th>
<th>Success Looks Like:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engaging regulators for informed decision-making</strong></td>
<td>Bi-directional communication between OHA and the COHC</td>
</tr>
<tr>
<td>Establish data subcommittee with clear objectives (Cost and Utilization Steering Committee (CUSC).</td>
<td>Cost driver reform commitment at Board member organizations</td>
</tr>
<tr>
<td>The COHC Board, committees &amp; workgroups will receive advocacy training and education.</td>
<td>Advocacy &amp; policy efforts</td>
</tr>
<tr>
<td>Initiate a COHC Board gap analysis on individual member and represented organization’s current state advocacy opportunities/relationships.</td>
<td>Advocacy strategy</td>
</tr>
<tr>
<td><strong>Investing in and developing data infrastructure to support continuous performance improvement</strong></td>
<td>2% decrease in the cost of care</td>
</tr>
<tr>
<td>Establish data subcommittee with clear objectives (Cost and Utilization Steering Committee (CUSC).</td>
<td>Launch data infrastructure pilot</td>
</tr>
<tr>
<td>The CUSC will identify a minimum of 10 data points that are representative of drivers that contribute to increased healthcare costs.</td>
<td></td>
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<tr>
<td>Obtain MOUs from the three pilot participants/data contributors.</td>
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</tbody>
</table>

Not started  | Obstacles  | On Schedule  | Initial Successes  | Complete
### Strategic Plan Report Card (cont’d)

<table>
<thead>
<tr>
<th>Year One Accomplishments</th>
<th>Success Looks Like:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The Governance Committee will review Board’s bylaws to ensure equity goals are met.</td>
<td>- Warm Springs Board Member</td>
</tr>
<tr>
<td>- With the support of the Central Oregon Diversity, Equity, and Inclusion (CODEI)</td>
<td>- Board diversity (for “Directors-at-Large”)</td>
</tr>
<tr>
<td>Committee, develop and begin collecting three COHC organizational DEI measures.</td>
<td>- Funded projects prioritize rural and marginalized</td>
</tr>
<tr>
<td>With the support of CODEI, develop and implement tools to support regular consideration</td>
<td>communityttes</td>
</tr>
<tr>
<td>and use of an equity lens in all COHC committees and workgroups (to better respond</td>
<td>- Equity throughout the COHC</td>
</tr>
<tr>
<td>to needs of rural and marginalized communities).</td>
<td></td>
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</tbody>
</table>

**Identifying and addressing inequities**

**Incenting better outcomes**

<table>
<thead>
<tr>
<th>Q3</th>
<th>Design a disincentive for poor QIM performance.</th>
<th>100% QIM Payouts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3</td>
<td>Include outcomes-based incentives regarding Social Determinants of Health (SDOH)</td>
<td>Demonstrate cost-avoidance</td>
</tr>
<tr>
<td></td>
<td>for grantees</td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td>Integrate incentives into at least one RHIP investment</td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td>Develop standards of demonstrated cost-savings that qualify recommending a project</td>
<td>Global budget absorbs projects proving cost-savings</td>
</tr>
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<td></td>
<td>for inclusion in contracting/the global budget.</td>
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</tbody>
</table>

**Not started** | **Obstacles** | **On Schedule** | **Initial Successes** | **Complete**
CCO Monthly Update
Date: February 2021
To: The Central Oregon Health Council (COHC) Board of Directors
Prepared by: Leslie Neugebauer, Director, Central Oregon CCO

Quality Incentive Measures (QIMs)
I. Quarter One 2020 Withhold Funds
Pending all pertinent 2020 QIM reporting requirements are met, the Central Oregon CCO anticipates receiving quarter one 2020 withhold funds in full from the OHA in June/July 2021. As such, by June 2021, the COHC will need to develop and approve its Quality Pool Distribution Plan for their portion of these funds. Per OHA requirements and JMA provisions, the COHC’s plan must include the distribution of funds to a mix of health care provider, public health and SDOH-E partners. Given the Community Advisory Council’s role in overseeing SDOH-E investments, they must be involved in how the SDOH-E portion of these funds are spent.

II. 2021 QIMs
All 13 measures from 2020 have rolled over to 2021. In addition, there is a new 14th measure focused on health equity: Meaningful Language Access to Culturally Responsive Healthcare Services.

Connect Oregon/Unite Us
Network development continues. For community-based organizations interested in learning more, we encourage them to attend a socialization session. Partners can find a session here: https://uniteus.com/oregon-events.

2021 Central Oregon CCO Performance Metrics
Draft metrics were shared with the COHC Board for review and feedback at the January meeting. Metrics cover four domains: Quality & Member Experience, Financial Stability, CCO 2.0 Requirements and CCO Operations. We plan to provide quarterly report outs on metric performance starting in May 2021.

Upcoming Provider Trainings
Please sign up for any of the following trainings:
Trauma Informed Care & Recovery—February 26, 2021, 11:30AM-1PM
https://www.eventbrite.com/e/trauma-informed-care-and-recovery-registration-134710690301

Motivational Interviewing: A Communication Style that Supports Behavior Change—March 10, 2021, 11AM-12:30PM
https://www.eventbrite.com/e/motivational-interviewing-a-communication-style-for-behavior-change-registration-139553459153
Motivational Interviewing: A Communication Style that Supports Behavior Change—March 17, 2021, 7AM-8:30AM
https://www.eventbrite.com/e/motivational-interviewing-a-communication-style-for-behavior-change-registration-139554614609
Present:
Brad Porterfield, Chair, Consumer Representative
Larry Kogosvek, Vice Chair, Consumer Representative
Mayra Benitez, Consumer Representative
Jolene Greene, Consumer Representative
Linda Johnson, Community Representative
Tom Kuhn, Deschutes County Health Services
Lauren Kustudick, Consumer Representative
Theresa Olander, Consumer Representative
Elizabeth Schmitt, Consumer Representative
Ken Wilhelm, United Way of Central Oregon
Cris Woodard, Consumer Representative

Absent:
Natalie Chavez, Jefferson County Health
Elaine Knobbs-Seasholtz, Mosaic Medical
Vicky Ryan, Crook County Health Department
Mandee Seeley, Consumer Representative
Jennifer Little, Klamath County Public Health

Others Present:
MaCayla Arsenault, Central Oregon Health Council
Rebeckah Berry, Central Oregon Health Council
Tania Curiel, Oregon Health Authority
Miguel Herrada, PacificSource
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Kelsey Seymour, Central Oregon Health Council
Kristen Tobias, PacificSource
Kate Wells
Renee Wirth, Central Oregon Health Council
Introductions
- Introductions were made and Brad Porterfield welcomed all attendees.

Public Comment
- Brad welcomed public comment. No public comment was made.

Approval of the Minutes
- Larry Kogosvek motioned to approve the minutes; Lauren Kustudick seconded. All were in favor, the motion passed unanimously.
- Brad asked if Tre Madden has left the CAC. MaCayla agreed to confirm.
  - **ACTION:** MaCayla will find out if Tre Madden still plans to participate on the CAC.

Announcements
- Brad shared that Regina Sanchez of Crook County Public Health will be replacing Vicky Ryan in February.
- Brad reminded the CAC that MaCayla sent them a survey from the Oregon Health Authority to gauge interest in attending a virtual state-wide conference.
- Brad shared that due to time constraints during CAC meetings, COHC-related information will be conveyed via email in advance.
- Brad announced the Regional Health Improvement Plan (RHIP) is now on a five-year cycle, and the current RHIP will be extended to 2024.

Health Equity Plan
- Miguel Herrada shared the Health Equity Plan is a 5-year-plan from PacificSource. Kate Wells stated the plan’s 8 focus areas were set by the Oregon Health Authority (OHA), and that she and Miguel will return on an annual basis to report back their progress to the CAC. Miguel shared there are 52 small initiatives scheduled for this year to advance the Health Equity Plan.
- Miguel shared he will return at the February meeting to discuss CLAS (Culturally and Linguistically Appropriate Services) Standards.

CAC Chairperson Roles & Responsibilities
- Gwen Jones shared the proposed list of responsibilities for the CAC Chair. Ms. Johnson suggested the CAC Chair work with the Board Chair to develop an annual workplan to support agenda-setting each month. She also recommended regular self-evaluation by the CAC, and a regular check-in to ensure goals are on track.
- Brad suggested reducing the amount of time a CAC chair should * from a year to six months.
- Donna Mills noted the CAC Chair should be responsible for making the CAC aware of the Board’s strategic plan.

CAC Demographics Follow UP
• Gwen shared REALD (Race, Ethnicity, Age, Language, and Disability) data with the CAC, and reviewed the Central Oregon Health Data website.
• Brad asked the CAC to remember that there is a distinction between people who are biologically diverse and people who are culturally diverse.
• Larry asked about the responsibility the CAC holds to the infirm elderly. Donna agreed to talk to Larry about Medicare offline.
  o B**ACTION**: Donna will connect with Larry offline about Medicare.

**Mail Order Prescription**
• Kristen Tobias introduced the Mail Order Prescription benefit from PacificSource Community Solutions. She noted that Medicaid members make significantly less use of this benefit than in other lines of business.
• Most CAC members shared they were not aware of the benefit. Lauren suggested clinic providers and pharmacists recommend the service. She added that the USPS is unreliable in her area and she would not be confident that her prescriptions would reach her.
  o B**ACTION**: Kristen agreed to find out if prescriptions are sent via USPS.
• Brad noted that it is unrealistic to expect members to discover the benefit through the PacificSource website.
COVID-19 Final Report for NeighborImpact (Non-RHIP)
“PPE for Central Oregon Child Care”

Summary of Results:

- Upon receipt of COHC grant funds, NeighborImpact Child Care resources purchased PPE for Child Care Providers in Central Oregon to support new COVID guidelines and requirements set for by the Early Learning Division (ELD) and the Office of Child Care.
- The result of this grant was hard to access PPE and cleaning supplies were delivered directly to Child Care Providers throughout Central Oregon, in all three counties and Warm Springs, at no cost to providers.
- The outcome of this grant was Central Oregon's Child Care Workforce had access to cleaning supplies and PPE supplies necessary to keep their business doors open and operational during this pandemic.
- The benefit to this grant is that providers were able to access the PPE needed to keep staff and children safe.
- We were able to complete over 170 orders, but there continues to be a need.

Quotes:

"Delivering the PPE was a very positive experience and a great way to connect with providers we already serve and new providers to explain our program (Go Kids Advocates) and how we can support them during this uncertain time. All the providers during our phone calls to connect with them were very grateful and so appreciated that these supplies were not only offered to them but they were delivered to their doorstep. I cannot say enough how much all the providers were so elated to receive items that are so hard to come by but needed to stay in compliance with the CDC Guidelines." Diane Boswell Go Kids Advocate, CCR

“Getting the box of PPE and other COVID-related items was like an early Christmas for us! Right now, I dread going into the stores (and sometimes you can’t even find the items at all), so it was wonderful to be able to receive and use the things we got. We are so overwhelmed with everything right now; our jobs are so much more difficult during this time. The gloves and sanitizer and soap and paper plates and everything is so helpful, practically, and such a morale booster! It also helps financially as right now things are a little tight. Thank you so so much!” Susan Stendahl, Child Care Provider
COVID-19 Final Report for Wild Rose Ranch (Non-RHIP)
“Covid-19 Homelessness Outreach Project”

Summary of Results:
- The project was to provide resources to those experiencing homelessness in the Madras and Warm Springs area.
- This was to be achieved through developed partnerships with community members, governments, and outside organizations. The outreach and resources would be taken to known places where individuals were known to frequent.
- The trailer that was purchased would be stocked with items that were either purchased by Wild Rose Ranch, or though different donation drives with newly developed relationships across the tri-county region and The Confederated Tribes of Warm Springs.
- The partnerships developed were ones that did assist with items, services, and resources to get to those experiencing homelessness, however, one of the obstacles that emerged was sustainability of obtaining items, manpower, education, awareness, and unforeseen logistics.
- Although all items that were collected were made available one of the things that was immediately noticed was the needs are vast, constant, and change with the seasons.
- This brought challenges to the team to be able to always be alter to what those in the elements would be experiencing and how best to meet their needs.
- Those individuals who received items and services were appreciative of the positive and consistent interaction with all volunteers and partners.
- Many were more than grateful for receiving items, but what we all experienced was that many just appreciated the fact that people were there to listen to them.

Lesson Learned:
- The greatest challenge has been sustainability of resources to give to those experiencing homelessness.
- Many of those that were supportive in the beginning I feel had this idea that with those items collected and given out that there would be an "end" to that need, and the reality of how things actually were was difficult for many helpers. The other challenge was manpower for this project.
- When partnering with outside community members, organizations, and governments is that the priority of this project may have not been their priority.
COVID-19 Final Report for The SHIELD (Non-RHIP)

“Veterans' Counseling 2020 (VC2020)”

Summary of Results:

- The benefits of the project, eliminating barriers to mental health services & providing free counseling for local Veterans can be understood in the context of the 2019 report by OHA & ODVA entitled “Oregon Veterans’ Behavioral Health Services Improvement Study: Needs Assessment & Recommendations Report”.

- The report included the following findings:
  a) “The two main obstacles to Oregon Veterans achieving behavioral health and wellness are access & quality of care.”
  b) “Oregon currently does not have an adequate number of providers to support the behavioral health needs of the state’s Veterans.”
  c) “60% of Veterans identify finding or getting an appointment with a behavioral health care provider as a barrier to accessing care.”
  d) “Veterans with a PTSD diagnosis are 55% more likely that those with no mental health diagnosis to utilize emergency services, putting stress on a system that lacks capacity and training to support their specific needs” (particularly during COVID-19).

Quotes:

A client of THE SHIELD, a Veteran of four combat tours to Iraq & Afghanistan:

"It's ok to not be ok; it's also ok to be ok and to want to get better."

-“Logan”

Full written client testimonial: [https://shieldcentraloregon.org/ranger%2Fcop%2Fvp](https://shieldcentraloregon.org/ranger%2Fcop%2Fvp)

Client video: [https://youtu.be/xJfQjjWDveo](https://youtu.be/xJfQjjWDveo)

*Order of projects is by final report submission date*  
Published February 2021
RHIP Final Report for The Center Foundation

“OK4Life”
Reviewed and funded by the Promote Enhanced Physical Health workgroup

Summary of Results:

- OK4Life promotes increased physical activity for middle and high school-aged youth, through a visually appealing, youth-focused, activity program delivered via website and mobile device.
- The mini grant offered seed funding to enter the initial stages of the OK4Life project development.
- The goals for the funding included developing a project plan outline, securing collaboration with OSU-Cascades Co-Lab, and creating 8 weeks of activities-based content.
- Due to strong interest from the OSU-Cascades Kinesiology department on our project, we were asked to develop an internship job description for ongoing collaboration for content creation.
- The internship will allow for future research and development using Kinesiology students and overseen by the Foundation.
- The intended benefit of the project is to increase reported activity levels for youth.
- This benefit will only be realized after project completion and user adoption. While the mini grant helped complete phase 1 of project development, more funding will be needed to complete the project and realize its full potential.

Quote:

“To date, The Center Foundation programs have served high school aged youth in Deschutes, Jefferson, and Crook Counties. However, with a vision to improve health for all Central Oregon youth, OK4Life will endeavor to increase physical activity and health for all youth across Central Oregon.”

Sonja Donohue, Executive Director for The Center Foundation.

*Order of projects is by final report submission date*
COVID-19 Final Report for The Giving Plate (RHIP)
“The Giving Plate COVID-19 Food Relief”
Reviewed by the Address Poverty RHIP workgroup

Summary of Results:

- In 2020, we experienced a 23% increase in the number of families served in our food-box program, and we were able to increase the amount of food to those people by 39%.
- So, not only did we help more families, but we were also empowered to be more generous than ever.
- We count that as a major success during an uncertain time. In our Kid’s Korner program, we gave over 13,000 bags of food to kids in our community - a 56% increase over 2019.
- As hard as 2020 was, we were able to keep our doors open every day and served our neighbors in need during the shutdown along with friends in need across our state during the fires.
- To read more about what was accomplished in 2020, go to www.thegivingplate.org/2020

Quotes:

“I am a single mother working 3 jobs and I need help with food boxes from time to time. With all 3 of my children at home, our bills have all gone up. This box helps me get through the month and I am grateful and thankful for all you do.”

“I started coming to The Giving Plate when the pandemic hit and my unemployment stimulus checks ended. I got a new job but had two weeks until I would get paid. You guys provided me, my 1 and 2-year-old with healthy food to keep us going.”

*Order of projects is by final report submission date

Published February 2021
Summary of Results:

- Jericho Table is an ongoing program to feed the poor and hungry and operates 25 days each month throughout the year.
- Due to the pandemic, the adjustments made to accommodate our guests were both effective and beneficial while realizing some critical disadvantages as well.
- The positive moves were the curb-side pick-up of food boxes which maintained an outdoor, open-air atmosphere as well as safe distancing as well as our providing masks and hand cleanser during the process.
- The protection of our volunteers and our guests were upmost and the serving from an elevated platform provided additional space and protection.
- The disadvantages were in the loss of a congregate eating experience that promoted open conversation, socialization and the development of relationships.
- Also lost was our regular support such as one-on-one interviews for housing assistance and Thrive and COVO support.

Quotes:

"There is no way that the community can look at what we are doing here and not feel the positive energy and the caring that comes from the food and supplies we provide and the gratitude expressed for our determination to continue. People pick up multiple boxes and take them back to their dwelling places to children, partners and others and thus eliminate the crowding and interaction so much discouraged at this time. It is hard on our volunteers and guests alike who are used to the conversation, interaction and laughter that can be generated by just talking and eating together".

Tia Linsheid, Jericho Table Coordinator
COVID-19 Final Report for Seed To Table Oregon (RHIP)
“COVID 19 Food for All”
Reviewed by the Address Poverty and Upstream Prevention RHIP workgroups

Summary of Results:

- Seed To Table (S2T) historically provided, annually, about 6,000 pounds of fresh produce, in 2020, due to increased demand, we diverted a total of 10,325 pounds of our locally grown fresh produce to food banks and our Fresh Food For All Program for no charge.
- During COVID, anyone who wished to receive reduced-price or free produce could fill out a form attesting to the fact that their income had been negatively impacted by the pandemic.
- Participants could fill out the level of discount they needed, ranging from 50%-100%.
- A total of 298 families benefited from access to fresh produce on a weekly basis at the two, Sisters Food Banks and at the Sisters Farmers Market through our Food For All Discount. 70% of these participants benefited on a regular base (2x a month).
- Conversations and surveys of 75% of participants collected determined:
  - 100% of participants stated S2T produce was essential for their vegetable consumption and for maintaining the wellness of their family
  - 100% of participants stated S2T produce increased their vegetable consumption by at least one serving a day
  - 87% of participants stated they would love more opportunities for fresh produce
  - 79% of participants felt the experience of picking up produce at the SFM, and interactions with the community (all be it distanced) made them feel an increased sense of belonging in the community.
  - 98% of participants stated the availability of produce helped increase their families’ financial and emotional resilience during these trying times.

*Order of projects is by final report submission date*  Published February 2021
2020-2024 RHIP Funding Report
Central Oregon Health Council

Report Published January 2021

Address Poverty & Enhance Self-Sufficiency
Behavioral Health: Increase Access & Coordination
Promote Enhanced Physical Health Across Communities
Stable Housing
Substance & Alcohol Misuse Prevention & Treatment
Upstream Prevention: Promotion of Individual Well-Being

All Workgroups

$11,740,500 Remaining
$259,500 Spent

$1,942,500 Remaining
$57,500 Spent

$1,952,500 Remaining
$47,500 Spent

$1,945,500 Remaining
$55,500 Spent

$1,960,000 Remaining
$40,000 Spent

$1,975,000 Remaining
$25,000 Spent

$1,965,000 Remaining
$35,000 Spent
How Projects are Funded:
The Central Oregon Health Council (COHC) invests in projects that are guided by:

- The Regional Health Assessment (RHA)
- The Regional Health Improvement Plan (RHIP)
- Local voices from Crook, Deschutes, Jefferson, northern Klamath counties, and the Confederated Tribes of Warm Springs.

Current Process to Invest Funds:

- Six workgroups meet every month to set priorities.
- Workgroups have both subject matter experts and community members.
- Once workgroups choose strategies, they can make funding decisions.
- Workgroups each have $2 million dollars to invest in projects between 2020 to the end of 2024.
- Workgroups invest in projects that address future state measures in their focus area.

Previous Investments of Funds:
During the 2016-2019 RHIP cycle, the workgroups and the Board of Directors funded over $20 million across 116 projects. Funds were invested as follows:

- $8 million by the Board of Directors
- $6 million prior to the RHIP workgroup process
- $7.5 million by the workgroups
Address Poverty & Enhance Self-Sufficiency

**AIM**

Individuals and families in Central Oregon experiencing poverty are provided equitable access and connected to appropriate resources that help them overcome obstacles to self-sufficiency and address health challenges.

$1,942,500 Remaining
$57,500 Spent

<table>
<thead>
<tr>
<th>MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase high school graduation rates among economically disadvantaged students</td>
</tr>
<tr>
<td>Decrease food insecurity</td>
</tr>
<tr>
<td>Develop a food insecurity measure for seniors</td>
</tr>
<tr>
<td>Decrease percent of individuals living at poverty level and income constrained</td>
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<tr>
<td>Decrease housing and transportation costs as a percent of income</td>
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</tbody>
</table>

**FUNDED PROJECTS**

<table>
<thead>
<tr>
<th>GRANTEE</th>
<th>PROJECT</th>
<th>START DATE</th>
<th>END DATE</th>
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</thead>
<tbody>
<tr>
<td>Various</td>
<td>COVID-19 POOL ($25K)</td>
<td>3/20</td>
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<tr>
<td>La Pine CHC</td>
<td>Equitable Transportation (Mini Grant)</td>
<td>4/20</td>
<td>5/21</td>
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<tr>
<td>Jericho Road</td>
<td>Homeless Camp Outreach (Mini Grant)</td>
<td>9/20</td>
<td>9/21</td>
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<tr>
<td>Locavore</td>
<td>Program Support (Mini Grant)</td>
<td>9/20</td>
<td>8/21</td>
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<tr>
<td>Council on Aging of Central Oregon</td>
<td>Food Insecurity, Isolation (Mini Grant)</td>
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<td>2/21</td>
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<tr>
<td>The Center Foundation</td>
<td>OK4Life (Mini Grant)</td>
<td>9/20</td>
<td>12/20</td>
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<tr>
<td>NeighborImpact</td>
<td>Emergency Food Box Storage (Mini Grant)</td>
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<td>8/21</td>
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<tr>
<td>COCC</td>
<td>COVID Addiction Studies Scholarships (Mini Grant)</td>
<td>9/20</td>
<td>8/21</td>
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<tr>
<td>Locavore</td>
<td>Youth Farm Education (Mini Grant)</td>
<td>2/21</td>
<td>9/21</td>
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<tr>
<td>Jefferson County Kids Club</td>
<td>Helping Youth During COVID (Mini Grant)</td>
<td>12/20</td>
<td>5/21</td>
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</tbody>
</table>
### Behavioral Health: Increase Access & Coordination

**AIM**

Increase equitable access to skilled and coordinated care between outpatient specialty behavioral health* and the larger health system, including primary care, while decreasing barriers (e.g. stigma, availability of appropriate mental health providers etc.) to ensure an effective and timely response.

*Specialty Behavioral Health includes mental health, substance abuse, and developmental services that are delivered in specialty settings (outside of primary care).

### Measures

- Increase availability of behavioral health providers in marginalized areas of the region
- Increase timeliness and engagement when referred from primary care to specialty BH
- Standardize screening processes for appropriate levels of follow-up care

### FUNDED PROJECTS

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<tr>
<td>Weeks Family Medicine</td>
<td>Telehealth (Mini Grant)</td>
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<td>4/21</td>
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<tr>
<td>COCC Addiction Studies</td>
<td>Scholarships (Mini Grant)</td>
<td>9/20</td>
<td>7/21</td>
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<td>The Shield</td>
<td>Veterans Supports (Mini Grant)</td>
<td>1/20</td>
<td>1/21</td>
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<tr>
<td>COCC</td>
<td>COVID Addiction Studies</td>
<td>9/20</td>
<td>8/21</td>
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<tr>
<td>The Child Center</td>
<td>Youth Mental Health Access (Mini Grant)</td>
<td>11/20</td>
<td>2/21</td>
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</table>

### Remaining $1,952,500

| Spent $47,500 |

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Central Oregon Health Council
Promote Enhanced Physical Health Across Communities

**AIM**
Equitably and measurably ensure all Central Oregonians improve health behaviors and reduce risk factors that contribute to premature death and diminished quality of life related to preventable disease.

Decrease asthma, cancer, cardiovascular disease, and diabetes rates
Decrease obesity rates in adults
Increase fruit/vegetable consumption and physical activity in youth
Decrease risk factors for cardio-pulmonary and/or preventable disease
Decrease sexually transmitted infections
Increase individuals receiving both an annual wellness visit and preventative dental visit

**Funded Projects**

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<td>La Pine CHC</td>
<td>Telehealth (Mini Grant)</td>
<td>3/20</td>
<td>3/21</td>
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<tr>
<td>Stroke Awareness OR</td>
<td>Education (Mini Grant)</td>
<td>4/20</td>
<td>1/21</td>
</tr>
<tr>
<td>Jericho Road</td>
<td>Homeless Camp Outreach (Mini Grant)</td>
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<td>Program Support (Mini Grant)</td>
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<td>8/21</td>
</tr>
<tr>
<td>Environmental Center</td>
<td>School Gardens (Mini Grant)</td>
<td>8/20</td>
<td>7/21</td>
</tr>
<tr>
<td>The Center Foundation</td>
<td>OK4Life (Mini Grant)</td>
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<td>12/20</td>
</tr>
<tr>
<td>Eclipse Marketing</td>
<td>Blood Pressure Campaign Extension (Mini Grant)</td>
<td>11/20</td>
<td>1/21</td>
</tr>
<tr>
<td>Locavore</td>
<td>Youth Farm Education (Mini Grant)</td>
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<td>9/21</td>
</tr>
</tbody>
</table>

Remaining: $1,945,500

Spent: $55,500
Stable Housing

AIM

Central Oregonians experiencing homelessness and those most at-risk of homelessness will have increased and equitable access to housing and supports to provide them with opportunities for housing stability and individual well-being.

$1,960,000 Remaining
$40,000 Spent

Decrease severely rent and mortgage-burdened households
Increase Housing Choice Voucher holders able to find and lease a unit
Accurately measure Central Oregonians experiencing homelessness

Funded Projects

<table>
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<tr>
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</tr>
</thead>
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<td>Various</td>
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<td>Kôr Land Trust</td>
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<td>REACH</td>
<td>HMIS Data (Mini Grant)</td>
<td>7/20</td>
<td>7/21</td>
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<tr>
<td>Bend Heroes Foundation</td>
<td>Central Oregon Veteran’s Village (Mini Grant)</td>
<td>11/20</td>
<td>2/21</td>
</tr>
</tbody>
</table>
Create and enhance cross-sector collaborations and programming so that all Central Oregonians have equitable access to skilled, evidence based substance (licit and illicit) and alcohol misuse prevention, as well as evidenced based intervention, treatment, and recovery services that are culturally responsive and trauma-informed.

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</table>

**MEASURES**

- Decrease *binge drinking* among adults
- Decrease *vaping or e-cigarettes among youth*
- Increase *additional services for alcohol or drug dependence* for individuals newly diagnosed
- Reduce *mental health/substance abuse emergency department visits* in Madras, Prineville and Warm Springs

**FUNDING**

- $1,975,000 Remaining
- $25,000 Spent
### AIM

All communities in Central Oregon have equitable access and opportunities to health, education, healthy relationships, community support, and experiences necessary to thrive at every stage of life from prenatal to adulthood.

### FUNDED PROJECTS

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<td>Decoding Dyslexia</td>
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<td>BOOST Oregon</td>
<td>Provider Vaccine Toolkits (Mini Grant)</td>
<td>1/21</td>
<td>6/21</td>
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</tbody>
</table>

### MEASURES

- Increase **letter name recognition** at kindergarten
- Increase **3rd-grade reading proficiency**
- Increase proportion of **pregnancies that are planned**
- Increase **two-year-old immunization rates**
- Establish a **resiliency measure**

---

$1,965,000 $ Remaining  
$35,000 $ Spent
Workgroup Investments by Area

In grant applications, projects state which geographic areas they serve. The charts below show where COHC workgroup dollars are being invested in the region. To better understand the dollars invested compared to the number of people living in each area, we have provided the population chart to the right.

RHIP measures are the primary deciding factor for funding. The purpose of these charts is to highlight geographic areas of investment. These can be used to help guide decisions in addition to the RHIP measures.

*The pre-workgroup chart represents all grants awarded prior to the RHIP workgroup investments.*

[Population of Central Oregon chart]

- 78% Deschutes
- 10% Crook
- 10% Jefferson
- 1.5% Warm Springs
- 0.8% Northern Klamath

[Pie charts for different areas]

Address Poverty & Enhance Self-Sufficiency

Behavioral Health: Increase Access & Coordination

Promote Enhanced Physical Health Across Communities

Stable Housing

Substance & Alcohol Misuse Prevention & Treatment

Upstream Prevention: Promotion of Individual Well-Being